

CAPCIVIL AIR PATROL CHAPLAIN SERVICE
105 SOUTH HANSELL STREET
MAXWELL AFB AL 36112-6332**STATISTICAL REPORT**

CHARTER NUMBER _____

REPORTING PERIOD

FROM _____ TO _____

SEE INSTRUCTIONS ON BACK OF FORM

NAME (FIRST, M.I., LAST): _____

CAP ID NUMBER: _____

DAY PHONE: (____) _____

ADDRESS: _____

EVENING PHONE: (____) _____

FAX NUMBER: (____) _____

E-MAIL: _____

CHECK STATUS☐ CAP Chaplain ☐ MLO ☐ Reservist ☐ Community Clergy ☐ Other (Specify) _____

–MORAL LEADERSHIP OFFICERS–
COMPLETE ONLY ITEMS MARKED BELOW WITH AN ASTERISK (*)
WHERE ACTIVITY WAS PERFORMED AS AN MLO

<i>CAP ACTIVITIES YOU PARTICIPATED IN</i>	<i>NUMBER OF ACTIVITIES</i>	<i>HOURS SPENT</i>	<i>MILES TRAVELED</i>	<i>COST YOU INCURRED</i>
Worship Services You Led				
Counseling				
Pastoral Visits				
Actual SAR/DR Missions as Chaplain				
Training SAR/DR Missions as Chaplain				
*CAP Colleges and Other Training				
*Moral Leadership Seminars				
*Cadet Encampments				
*CAP Meetings, Conferences, Etc.				
*Promotional Activities				
Support to AF Chaplain Service				
Chaplain Radio Net				
*Other (Specify)				
Total				

***OTHER EXPENSES INCURRED DURING THIS REPORTING PERIOD**

TELEPHONE CALLS	\$ _____	UNIFORM ITEMS	\$ _____
CLERGY VESTMENTS	\$ _____	PASTORAL SUPPLIES	\$ _____
CAP RADIO COSTS	\$ _____	MILITARY CHAPLAIN ASSOC	\$ _____
ADMINISTRATIVE COSTS	\$ _____	OTHER (SPECIFY)	\$ _____

***TOTAL ALL YOUR COSTS LISTED ABOVE:** \$ _____

INSTRUCTIONS FOR COMPLETING CAPF 34

- 1. Please PRINT** all information so others can read it. This form was designed to help you keep track of money you spent in performing your official CAP duties. You are encouraged to keep accurate receipts when reporting your volunteer work to the Internal Revenue Service. You may find it helpful to complete this form monthly or quarterly. CAPR 265-1 requires you to send a 6-month report to your wing chaplain.
- 2. Be ACCURATE in your reporting.** These statistics will be used in national reports and accuracy is important. Count any activity you do only once. For example, if you attend a staff meeting during a cadet encampment, show it only as time spent at a cadet encampment. If you are reporting a new address, be sure to also report it to your unit and HQ CAP/DP, 105 S. Hansell St, Maxwell AFB AL 36112-6332.
- 3. NUMBER OF ACTIVITIES, HOURS SPENT, MILES TRAVELED:** Show the total number for each of these.
- 4. WORSHIP SERVICES YOU LED:** Include weddings or funerals you participated in as a CAP chaplain.
- 5. COUNSELING:** In addition to individual pastoral counseling, include any participation you may have had as a member of a Critical Incident Stress Management team.
- 6. PASTORAL VISITS:** Include headquarters visits, home visits, hospital visits, etc.
- 7. ACTUAL SAR/DR MISSIONS AS CHAPLAIN:** If you participated on an actual Search and Rescue or Disaster Relief mission, please complete an after-action report and send a copy of your comments to NHQ CAP/HC, 105 S. Hansell St, Maxwell AFB, AL 36112-6332.
- 8. PROMOTIONAL ACTIVITIES:** If you go to a church, civic group (i.e., Rotary Club, Kiwanis, Chamber of Commerce, etc.), or any activities to talk about the CAP, list your time and expense.
- 9. SUPPORT TO AF CHAPLAIN SERVICE:** If an Air Force member asks you for support in any way, please indicate the date(s), hours spent, etc. you gave to providing support. If you are asked to do a military funeral not connected with CAP, show your support in this block NOT under worship services you led.
- 10. SENDING REPORT:** Squadron chaplains and MLOs give a copy of this report to their Squadron Commander and wing chaplain. Region chaplains and chaplains serving on the national level send their form to the Chief, CAP Chaplain Service. Wing chaplains and the Chief compile information from CAPFs 34 and submit a CAPF 34a to the Secretary, Chaplain Service Advisory Council.
- 11. ENDORSING AGENT:** It is important for chaplains to send a completed copy of this form to their endorser. Please specify the date (Month & Year) of your last endorsement as a CAP Chaplain?

TRAINING YOU RECENTLY COMPLETED

Last region chaplain college you attended:

Indicate any CAP or other training you completed DURING THIS REPORTING PERIOD:

Check highest level of Senior Training you have completed:

Level 1 ☐

Level 2 ☐

Level 3 ☐

Level 4 ☐

Level 5 ☐

SOUND OFF BOX: Describe any problems you may be having in your role as chaplain or MLO.